

Commonwealth of Massachusetts

**Executive Office of Health and
Human Services**



Department of Developmental Services

FY2022 - FY2023

Close & Open Training

April 11, 2022



Welcome



*"My desire to be well-informed is currently
at odds with my desire to remain sane."*



Welcome



- Welcome
- Purpose of Training
- If you have any questions, enter in Chat. We will stop periodically to answer questions
- Presentation will be posted to the DDS/POS web site



Agenda



- RFR Update: Recent BIDS Posted on COMMBUYS
- RFR Update - FY2023
- Standard Contract Form
- Supplier Diversity Policy for POS
 - SDP Form for POS
- Change in Contractor Identity
- Regulated Rates Updating July 1, 2023
 - Contracting for FY2023 before rates are final
- Contracting Changes for FY2023
 - CBDS/Employment
 - Day Habilitation Supplemental Services
 - Transportation
 - SSQUAL: Support Services



Agenda



- Adult Long Term Residential Services
 - Start Up Contracts
 - Occupancy Rate Application
 - Occupancy Worksheets: New Workflow
 - Hold Back %
 - Day Staffing
 - Absence Policy: Remainder of FY2022
- Dates/Final Review
- Questions



RFR Update – FY2022



- Urban Youth Collaborative (UYC): BID to fund expansion of current programs and to fund new programs
 - Start Date: June 1, 2022
 - Regions will issue cost reimbursement contracts to new awardees
 - Contracts will terminate 6/30/2024 to match end of UYC RFR issued in 2014



RFR Update – FY2022



- SSQUAL Rebid: Contracts start July 1, 2022
- Due date: Today (April 11) at 5:00 p.m.
- Proposals being reviewed during April/early May with award decisions communicated in mid-May to bidders
- If provider is qualified for any SSQUAL service, DDS Central Office will co-sign the Standard Contract Form and email executed contract to provider
- Proposals submitted after initial due date will be reviewed on a quarterly basis starting on July 1



RFR Update - FY2023



- Joint RFRs with DMH supported with ARPA funds
 - ASD Intensive In Home Supports
 - ASD Group Living with Behavioral Challenges
- Respite Services for Children: Caregiver's Home and Site Based
 - Services were not included in SSQUAL-23 rebid
 - BID will be issued this summer
 - Any current contracts are being extended as interim to December 31, 2022
- ALTR Rebid: Includes Emergency Residential Services
 - ALTR-14 is closed to new providers



Standard Contract Form



- New version of Standard Contract Form issued effective 7/21/2021
 - This date appears at the bottom of the Form
 - Providers should use this version of the Standard Contract Form to process cost reimbursement, start up and capital contracts with DDS
- The Office of the State Comptroller has made the Standard Contract Form available for execution using DocuSign. The Department can also use Adobe Acrobat to process the Form
- In FY2023, DDS Central Office will pilot executing the Standard Contract Form using one of these two options
- All contracts executed with Regional Contract Offices will continue to be executed through the normal process



Supplier Diversity Policy for POS



- Providers must demonstrate spending with Certified Supplier Diversity Vendors. Blank forms submitted with a proposal or with the annual UFR will not be accepted
 - Providers upload the Supplier Diversity Form for POS with their annual UFR
 - Providers that do not submit a SDP Form, or upload a blank form with their UFR, cannot be re-qualified
 - When responding to a BID/RFR, provider submits the SDP Form for POS with their response
 - If a qualification RFR, DDS cannot award a contract until an acceptable form is submitted
- If DDS issues a new competitive BID/RFR, the SDP Form counts for 25% of available evaluation points



Change in Contractor Identity



- DDS requires at least 90 days notice of mergers, affiliations, consolidations or acquisitions.
- Providers must coordinate changes in contractor identity with DDS regardless of whether DDS is Principal Purchasing Agency (PPA) or Provider has contacts with other Departments
- Changes impact multiple DDS systems
- Providers using EIM must communicate changes to Virtual Gateway Customer Services
- Providers must communicate any merger updates to the Operational Services Division using the UFR e-file system



Change in Contractor Identity



- In the case of a merger/acquisition, DDS must approve transfer (assignment) of contracts to the new organization
- Provider must complete the Change in Contractor Identity Checklist and submit to DDS for review
 - DDS will review proposed services of new organization
 - Services must be in best interest of DDS and provide individuals with equal or better care
 - Provider will be unable to bill until assignment is complete



Name and Address Changes



- Name/Corporate Address change only (no change in organizational structure or FEIN)
 - Notify Central Office Contracts of change once paperwork is filed with the Secretary of State
 - Submit updated W-9 electronically with cover letter to Nita Trivedi
 - Office of the State Comptroller will not accept paper forms
- This only applies to changes in a legal name. Changes to a DBA are not legal name changes. All DDS contract documentation will always list the legal name
- To update EIM: Email letter on company letterhead to VG Helpdesk. Include old name, new name and VG Org ID
- New Executive Director/CFO: Inform Central Office and region and submit updated Authorized Signatory Form



Regulated Rates for FY23



Rate Regulations Updating July 1, 2022

- Adult Long Term Residential Services – *101 CMR 420*
- Shared Living – *101 CMR 411*
- In Home Supports – *101 CMR 423*
- Day Habilitation Supplement – *101 CMR 424*
- Remote Supports and Monitoring – *101 CMR 426*
- Corporate Representative Payee – *101 CMR 424*

All ARPA Enhancements end 6/30/22

- CBDS, Supported Employment, Family Stabilization ended 12/31/21
- Remaining services with ARPA enhancements end 6/30/22
- Providers are required to spend ARPA enhancement revenue by September 30, 2022 and report to EOHHS on use of funds by December 31, 2022
- See [EOHHS website](#) for details



Regulated Rates for FY23



DDS will issue initial FY23 contracts based on proposed rates

- Rate regulations are currently in public comment process and may be updated in final promulgation
- Changes to final regulations will be instituted retroactively to July 1
 - ALTR and Shared Living contracts will require an amendment to update blended rates. If required, these will occur later in fiscal year.
 - All hourly rate contracts will have rates automatically updated in EIM and providers will be reimbursed at final rates immediately
 - Providers will not need to submit updated Service Summary Forms
 - Updated rates will get reflected whenever contract is next amended
- DDS will publish an FY23 rate table to [POS website](#)



FY23 – Initial Contracting for CBDS and SE



Contracts will start FY23 at 75% of the roster value

- Policy is applicable for CBDS and Supported Employment
- Providers must submit updated rosters reflecting current authorizations
 - **Providers must use new FY23 rosters & SSFs**
 - Individuals who have not returned to programs, or have only partially returned should remain on the roster with their full authorization amount
 - Individuals should only be removed from roster if decision has been made, in coordination with DDS, that individual is not returning to program
 - Rosters should generally be established using 50 weeks and 95% utilization
 - Some exceptions may apply for seasonal or small programs
- **Service Summary Forms will be written based on 75% of computed roster value**



CBDS & SE Roster Format



Roster established based on 50 program weeks & 95% utilization adjustment, using actual billing rate for the contract

<u>Unit Rate:</u>	\$18.40
<u>Unit Type:</u>	HOURL
<u>Program Weeks:</u>	50
<u>Utilization Adjustment:</u>	95%

In FY23 Unit Rate on Roster is same as actual billing rate

Last Name	First Name	Start Date	End Date	Engagement Data		
				Max Units per Week	Negotiated Units	Total Allocation
Lattimore	Dylan	7/1/2022	6/30/2023	30.0	1,425	\$ 26,220.00
Clift	Russ	7/1/2022	6/30/2023	24.0	1,140	\$ 20,976.00
Gustus	Toni	7/1/2022	6/30/2023	30.0	1,425	\$ 26,220.00
		Total:		84.0	3,990	\$ 73,416.00

Values for Line 1 of Service Summary Form



CBDS & SE Service Summary Forms



Service Summary Form Format

- Line 1 should list total units & dollar value calculated by roster
- Line 2 should show downward adjustment removing 25% of funds

Version #	Brief Description	Dates of Service		Number of Units	Unit Rate	Unit Type	Estimated Expenditure
Initial	Community Based Day Supports	07/01/22	- 06/30/23	3,990.00	\$18.40	Hour	\$73,416.00
2	FY23 Initial Funding Adjustment	07/01/22	- 06/30/23	N/A	\$18.40	Hour	(\$18,354.00)
Totals:				3,990.00			\$55,062.00

Values from Roster

- Using this example: Roster value of \$73,416 translates to \$55,062 initial contract value



CBDS and SE Policies



No Funding Caps to Day and Employment Contracts in FY23

- DDS has enforced funding caps in FY21 & FY22 due to level enhancement policies that significantly increased provider billing rates
- At this time, there are no proposed rate enhancement policies and DDS expects services will be reimbursed at one set of rates for duration of FY23
- Service Summary Form amounts are estimates – ultimately providers will be reimbursed for actual services rendered
 - If providers exceed EIM contract amounts, and services provided were authorized, DDS will reimburse for them
 - DDS expects cooperation from providers when removing funding from contracts where utilization is low – funding will always be restored if utilization changes



CBDS and SE Policies



Virtual Service Delivery

- DDS has been operating based on virtual / remote service delivery guidelines originally issued in April of 2020. Will be issuing new guidance effective for FY23 prior to July 1
- Guidance will update / clarify allowable virtual service activities
- Providers will continue to be required to report virtual services using separate attendance codes in ELM

“Without Walls” Service Model

- New service model for programs that operate exclusively in community settings – no use of center-based site
- DDS Operations will be issuing guidance detailing program requirements and process for Area Offices to authorize individuals into this service model



Day Habilitation Supplement



- Day Habilitation Supplement Services will be transitioning to MassHealth on October 1
- DDS will be establishing contracts for 3 months only
- Rosters & Service Summary Forms should be submitted with units / dollars for July 1 – September 30 only
 - Rosters include all current names and authorizations
 - Funding will be set at full value computed by roster
 - **13 weeks and 95% utilization**
 - Likely that most providers will not bill all these funds due to reduced utilization. Unbilled funds will revert to DDS after billing is completed.
- Further guidance on transition process, for both providers and individuals / families, will be issued by MassHealth in coming weeks



Transportation FY2023



- Negotiated Accommodation Rate Contracts
- Since March 2020, DDS supported providers' costs for vehicles and maintenance even though limited transportation may have been provided
- For FY23, DDS may negotiate cost basis of contract based on transportation services vendor anticipates will be provided in FY23



Contract Changes: SSQUAL



- Adult Companion Services will be reimbursed at Respite rates
- Individualized Home Supports (3703): In addition to Level C, services can be reimbursed at Level F if authorized by the Area Office
 - New referrals: If the individual is living with their family, he/she will be enrolled in 3703
- Adult Site Based Respite:
 - Aligning rate structure with ALTR rates: Operational services billed as an accommodation rate with a companion occupancy contract
 - Providers will be paid for all days where program is available
 - Providers must still report attendance, but reimbursement is not dependent on attendance



SSQUAL Changes, cont'd



- New procurement requires that new contracts be issued and enrollments transition to new Doc Ids
- Once awards are made, Regional Contract Offices will send new Doc ID to providers
 - This Doc ID is entered on Service Summary Forms and Rosters
 - **Do not submit documents using FY22 Doc IDs**
- DDS will start process to transition active enrollments to new Doc ID
- Goal is to have all contracts and enrollments available in EIM by 7/31/22
 - Check to make sure that enrollments are correct. If you see an error, reach out to your Area Office



Start-Up Contracts Overview



- Contracts are normally three (3) months
- Providers must submit Start-Up Expense Proposal Worksheet to the Area and Region
 - Area Office authorization alone is not sufficient
- Expenses require **prior approval/authorization**
- Expenses incurred prior to the start date of the contract will not be reimbursed. The Standard Contract Form must be signed and executed by the Regional Contract Office
- Goods and services must be delivered within the fiscal year and before the first person moves in
- Contract ends when the first person moves into site
 - Contracts can be extended with approval if there is a delay in opening of the new site



Start-Up Worksheet Components



Major Categories on the Worksheet

- Staffing costs Attributable to the Site Opening
- DDS Staff Trainings
- Tax and Fringe
- Assessments (Medical and Clinical), Consultations and Staff Mileage
- Common Space Furniture & Appliances
- Home Furnishings
- Worksheet does not include Administrative Allocation



Start-Up Expense Proposal Worksheet



START UP EXPENSE PROPOSAL WORKSHEET: JULY 1, 2022 - JUNE 30, 2023				
Organization Name:				
New Site Address:				
Name of Person Submitting:				
Telephone Number :				
Email:				
Provider's Board Approved Capitalization Limit:				
Start Up and Capital Limit: \$ 50,000	Service Type		Site Capacity	
	<input type="checkbox"/> I/DD ALTR <input type="checkbox"/> ABI/MFP		<input type="checkbox"/> 1-4 Beds <input type="checkbox"/> 5 Beds	
Staffing Expenses				
Staff Directly Attributed to Site Opening (Does not include staff training)	Number of Staff	Number of Hours	Avg. Rate per Hour	Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
DDS Required Staff Trainings	Number of Staff	Number of Hours	Avg. Rate per Hour	Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Tax and Fringe (24.22%)				\$ -
Subtotal				\$ -
Assessments (Medical and Clinical), Consultations and Staff Mileage				
Description				Cost
Subtotal				\$ -
Common Space Furniture & Appliances				
Description				Cost
Subtotal				\$ -
Home Furnishings and Medical Storage				
Description				Cost
Subtotal				\$ -
Subtotal Staff				\$ -
Subtotal Assessments and Mileage				\$ -
Subtotal Common Space/Appliances				\$ -
Subtotal Furnishings				\$ -
GRAND TOTAL				\$ -



Occupancy Rate Applications (ORA)



- Occupancy Rate Applications are due within 60 days after 1st person move-in
- FY22 Occupancy Rate Applications must be priced and signed by DDS no later than **May 31** to be considered for FY22 reimbursement
- Sites that open during June will be reimbursed on a cost basis
- Applications submitted during June will not be reviewed until July. Rate assignment will be effective for FY23. Max caps and sub-caps will be updated for FY23





Occupancy Worksheets Part 1



- Central Office will prepare and email worksheets directly in mid-April. They will contain data from FY22, without the Charges for Care. Rates including max caps are updated to FY23.
- New sites will be included only if a signed ORA has been issued
 - Central office will work with providers and Regions to incorporate sites from any additional FY22 ORAs that are subsequently assigned rates
- Providers should make any corrections to header information, enter offset information (Charges for Care), and sign and date the form
- Return the completed worksheets to Cesar Barreto-Gonzalez at Central Office by May 20th. The address is listed on the worksheets.
- DDS Central Office will review the worksheets and request clarifications or corrections



Occupancy Worksheets Part 2



- Central Office will notify providers when technical review is complete and forward accepted worksheets to providers and Regions
- Once providers receive approval from Central Office, they should complete a FY23 Service Summary Form and send it and the approved worksheet to the Regional Contract Office
- New: Expense fields will be locked. This is a change to the worksheet, not to policy.
- Instructions will accompany the worksheets explaining how to document and request changes to expenses. DDS Central Office will make changes to expense lines that have been approved and return an updated spreadsheet.
- New: Sites that are no longer part of a contract can now be removed
- Any maintenance cost adjustments will be carried over from FY22



ALTR Initial FY23 Contracts



ALTR Contracting Process for FY23

- Blended rates will be computed using currently proposed ALTR rates
- DDS will apply 13% holdback to funding level calculated in ICMS
 - DDS cannot fully fund contracts until funding from the C257 reserve is transferred to the Department, likely mid-year
- Providers will be reimbursed at the new rates effective 7/1 and holdback amounts will have no impact on provider revenue
- Service Summary Form Format:
 - Line 1: Enter all units, blended rate, and funding total from ICMS report
 - Line 2: Enter downward adjustment equal to 13% of funding on Line 1



ALTR Day Staffing



- Day Staffing 5.25% add-on policy ended effective 12/31/21
- DDS recognizes that there are homes where staff may be providing coverage during the day due to individuals who have not returned to regular day programming
- Day staffing needs may vary substantially from home to home and DDS will not continue policy of providing blanket funding to all providers
- In late FY22, DDS will facilitate standardized information gathering process to better determine site-specific needs. Based on review of this information, DDS may address in FY23 contracts
- DDS **is not** requesting updated staffing schedules for all sites



ALTR Absence Policy – FY22



- **Background:** DDS had more flexible policy in FY21, and in FY22 held off on many absence policy requests pending amendments to implement the ARPA rate enhancements
- **Current Policy:** Once ARPA amendments have been completed providers may submit absence policy request using normal process
 - Both Worksheet and Request Form are required
- Providers may not automatically bill for absence units – initial SDRs may not include absence units
- Eligible providers must submit completed absence policy worksheet demonstrating eligibility and number of units needed
- Only upon Area Director approval may providers submit supplemental SDRs to bill for the absence units



Key Dates



- April 22: FY2022 Amendment Deadline
- May 20: Deadline to return completed Occupancy Worksheets to DDS Central Office
- May 31: Deadline for signed FY22 ORA/s
- June 3: FY2023 SSF and Rosters to Regional Contract Offices for processing



Contract Staff Emails



- **Toni Gustus**, Director
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Final Review/Questions



- Training deck and related materials will be posted on the [DDS POS Web Site](#)
- www.mass.gov/dds
- Scroll down and click on:
 - DDS Contracts (Purchase of Service)